



## Go Tell Camp Information

We are excited about being able to go back to camp this summer. Go Tell Camp is an incredibly charged environment where God's Word is taught by many of today's leading Christian authorities, and worship is led by the most passionate worship leaders. Go Tell Ministries was founded by Rick Gage who is passionate about reaching the lives of students. His camps have reached more than 100,000 students from churches across the country since the camps founding in 1989.

This year we will have the amazing opportunity to attend Go Tell Camp in Ridgecrest, NC on June 6-10. Because of the extended travel time, we will plan travel days of June 5 and June 11. The cost for this week of camp is \$315 per student. We already have fundraisers planned to raise as much of this as possible, and the church will help cover expenses as necessary. This opportunity is open to any students who wish to attend and any friends they wish to invite. We will need 1 adult counselor for every 7 students who are attending. If you would like to attend as a counselor, please let me know.

For student sign up, simply fill out the Medical Release form and submit it with a \$50 deposit by Wednesday April 14. If you are going as an adult counselor, please fill out the Adult Medical Release form, no deposit is required.

Included in the rest of this packet is a list of items to bring and some events you can expect while attending camp. If you have any questions, please do not hesitate to contact me at 662.582.4145 or at the church office.

In Christ,

Allen Lee  
Student Minister  
Friendship Baptist Church



# Medical Release Form

(Please Print)

### Church Information:

Church Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### Leader/Chaperone Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ D/O/B: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_

Male       Female       I have attended GO TELL Camps in the past.

### Emergency Contact Information:

Emergency Contact #1:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact #2:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

### Health History Information:

Primary Care Physician Name: \_\_\_\_\_ Physician Phone: (\_\_\_\_) \_\_\_\_\_

**Allergies:**     Insect Stings     Drugs     Nuts     Poison Ivy  
 Other: \_\_\_\_\_

If you checked any of the conditions for allergies, please give details including normal treatment of allergic reactions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Camper First & Last Name: \_\_\_\_\_

- Conditions:**
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Heart                   | <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Epilepsy                        |
| <input type="checkbox"/> Chronic Asthma          | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Hay Fever                       |
| <input type="checkbox"/> Frequent Stomach Upsets | <input type="checkbox"/> Takes Medicine | <input type="checkbox"/> Physical Disability/Limitations |
| <input type="checkbox"/> Other: _____            |   |  |

Please explain below in detail any checked health conditions including any medication taken. Students should be prepared to administer their own medication or to make arrangements for an adult counselor approved by the parent/guardian to do so. Also note that no refrigeration is available in camper's rooms.

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**Health Insurance Information:** *(Please attach a copy of applicable insurance card)*

Does you have health insurance coverage?      Yes              No

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

**WAIVER, ASSUMPTION OF RISK, RELEASE, INDEMNIFICATION, AND CONSENT AGREEMENT (“RELEASE”) FOR ADULTS**

I am over the age of eighteen, and I am fully competent to sign this Release. Other than as fully and expressly provided above, I certify that I am in good health, that I have no mental or physical conditions that would prevent my participation in the Camp and/or its recreation activities (including, but not limited to, team sports, swimming, climbing, and boating and tubing), and that I have no condition that requires the taking of medication on a regular basis, except as fully and expressly indicated above. In consideration of being permitted to participate in the Camp’s activities and to use the facilities and equipment at the Camp, I, on behalf of myself and my representatives, executors, heirs, next of kin, administrators, beneficiaries, successors and assigns (collectively, “my Representatives”), hereby agree to be bound by this Release. I understand that such participation or use entails certain inherent risks, and I, on behalf of myself and my Representatives, voluntarily accept all risk to my health that may result from such participation or use. Therefore, I, on behalf of myself and my Representatives, hereby agree that GO TELL MINISTRIES, INC. (“GO TELL”), its directors, officers, employees, agents, representatives, related and/or affiliated entities, successors and assigns (hereinafter, “Released Parties”) SHALL NOT BE LIABLE FOR ANY DAMAGES arising from (a) the DISCLOSURE OF MEDICAL INFORMATION contained in this form (if believed necessary by the Released Parties), and/or (b) PERSONAL INJURIES (INCLUDING DEATH), DAMAGE TO OR LOSS OF PROPERTY OR OTHER HARM, whether foreseen or unforeseen, present or future, known or unknown, that I may sustain in any way which directly or indirectly results from or arises from my attendance or participation in the Camp or resulting medical treatment. Furthermore, I, on behalf of myself and my Representatives, agree to INDEMNIFY, DEFEND, AND HOLD HARMLESS the Released Parties from and against any and all claims, foreseen or unforeseen, present or future, known or unknown, that I or my Representatives may have or assert, EVEN IF CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE, FAULT, BREACH OF CONTRACT, STRICT LIABILITY, OR OTHER ACT, CONDUCT OR STATUS of any of the Released Parties. This indemnification includes all costs of defending such claims, including attorneys’ fees, costs, and expenses, whether suit is filed or not.

**Release of Medical Information and Treatment.** I, on behalf of myself and my Representatives, give my express, written consent allowing the Released Parties to share my Personal Information, as well as any information in its possession regarding any health or medical conditions and any applicable health insurance coverages that I may have, to or for the use of a medical provider in the event that a Released Party believes it is reasonably necessary for the provision of medical care to me. I further authorize emergency medical treatment to be performed by Camp medical staff and/or attending physicians at the local clinic or hospital to me as they deem necessary.

Camper First & Last Name: \_\_\_\_\_

**Media License.** I, on behalf of myself and my Representatives, hereby assign and grant to GO TELL and the other Released Parties AN IRREVOCABLE, PERPETUAL, ROYALTY-FREE LICENSE TO USE MY NAME, PHOTOGRAPH, IMAGE, VOICE, LIKENESS AND ANY IDENTIFIABLE ATTRIBUTES, IN WHOLE OR IN PART, IN ANY MEDIA (the "Images") for development or charitable solicitation, advertising, trade and any other lawful purposes now and in the future without further notification, inspection or approval and at no cost to the Released Parties and with no compensation to me (provided, however, that neither GO TELL nor any other Released Party shall be obligated to use the Images in any way), and I further agree that GO TELL shall be the exclusive owner of any and all rights, including copyrights in the Images.

**Mandatory Arbitration.** Consistent with Matthew 18 in the Holy Bible, any claim or dispute between the parties concerning questions of law or fact or both arising out of or relating to this Release, its interpretation or performance, or its alleged breach, which is not disposed of by agreement of the parties, shall be resolved by binding arbitration in Atlanta, Georgia by and under the rules of Peacemaker Ministries (or its successor) except as such rules are modified here. Those rules are currently published at [www.peacemaker.net](http://www.peacemaker.net). The parties covenant to keep such questions and arbitration proceedings confidential except as necessary to effectuate and/or enforce arbitration. The parties covenant and agree that they will not sue or otherwise bring actions against each other in any courts, that arbitration is their sole and binding remedy, that they waive their rights to sue or to appeal or to other remedies (except to the extent necessary to enforce the final award or finding), and that if this covenant not to sue and waiver are not legally effective, then such arbitration is a prerequisite to any other remedy. The parties covenant and agree to abide by, perform, accept, and fulfill the final award or finding concerning such questions without recourse to any other court or tribunal, except to the extent necessary to enforce said final award or finding.

This Release contains the entire agreement between the parties, and may be amended only in writing signed by the undersigned and the Released Parties' representative(s), or their successors. It is not intended to release the Released Parties from any conditions or activity that, as a matter of law, cannot be avoided, waived or released, and no provision hereof should be so interpreted. It is governed by the internal laws of Georgia (even if applicable conflict of law rules would provide otherwise). Its terms are severable. It shall not be strictly construed against any party.

\_\_\_\_\_  
*Signature (Circle One)*

\_\_\_\_\_  
*Date*



# Medical Release Form

(Please Print)

### Church Information:

Church Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### Camper Information:

Camper First Name: \_\_\_\_\_ Camper Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

D/O/B: \_\_\_\_\_ School Grade: \_\_\_\_\_

Male     Female     I have attended GO TELL Camps in the past.

### Emergency Contact Information:

Parent/Guardian/Emergency Contact #1:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian/Emergency Contact #2:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

### Health History Information:

Primary Care Physician Name: \_\_\_\_\_ Physician Phone: (\_\_\_\_) \_\_\_\_\_

**Allergies:**     Insect Stings     Drugs     Nuts     Poison Ivy  
 Other: \_\_\_\_\_

If you checked any of the conditions for allergies, please give details including normal treatment of allergic reactions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Camper First & Last Name: \_\_\_\_\_

- Conditions:**
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Heart                   | <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Epilepsy                        |
| <input type="checkbox"/> Chronic Asthma          | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Hay Fever                       |
| <input type="checkbox"/> Frequent Stomach Upsets | <input type="checkbox"/> Takes Medicine | <input type="checkbox"/> Physical Disability/Limitations |
| <input type="checkbox"/> Other: _____            |   |  |

Please explain below in detail any checked health conditions including any medication taken. Students should be prepared to administer their own medication or to make arrangements for an adult counselor approved by the parent/guardian to do so. Also note that no refrigeration is available in camper's rooms.

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**Health Insurance Information:** *(Please attach a copy of applicable insurance card)*

Does the camper have health insurance coverage?       Yes                       No

Insurance Company: \_\_\_\_\_                      Policy Number: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

**WAIVER, ASSUMPTION OF RISK, RELEASE, INDEMNIFICATION, AND CONSENT AGREEMENT ("RELEASE") FOR MINOR**

I am over eighteen years of age and a parent or legal guardian of the Minor named above who is under eighteen years of age ("Minor"), and I am fully competent to sign this Release. Other than as fully and expressly provided above, I certify that Minor is in good health, has no mental or physical conditions that would prevent his or her participation in the Camp and/or its recreation activities (including, but not limited to, team sports, swimming, climbing, and boating and tubing), and that Minor has no condition that requires the taking of medication on a regular basis, except as fully and expressly indicated above. In consideration of Minor being permitted to participate in the Camp's activities and to use the facilities and equipment at the Camp, I, on behalf of myself, Minor, and Minor's representatives, executors, heirs, next of kin, administrators, beneficiaries, successors and assigns (collectively, the "Minor's Representatives"), hereby agree to be bound by this Release. I understand that such participation or use entails certain inherent risks to Minor, and I, on behalf of Minor's Representatives, voluntarily accept all risk to Minor's health that may result from such participation or use. Therefore, I, on behalf of Minor's Representatives, hereby agree that GO TELL MINISTRIES, INC. ("GO TELL"), its directors, officers, employees, agents, representatives, related and/or affiliated entities, successors and assigns (hereinafter, "Released Parties") SHALL NOT BE LIABLE FOR ANY DAMAGES arising from (a) the DISCLOSURE OF MEDICAL INFORMATION contained in this form (if believed necessary by the Released Parties), and/or (b) PERSONAL INJURIES (INCLUDING DEATH), DAMAGE TO OR LOSS OF PROPERTY OR OTHER HARM, whether foreseen or unforeseen, present or future, known or unknown, that Minor may sustain in any way which directly or indirectly results from or arises from Minor's attendance or participation in the Camp or resulting medical treatment. Furthermore, I, on behalf of Minor's Representatives, agree to INDEMNIFY, DEFEND, AND HOLD HARMLESS the Released Parties from and against any and all claims, foreseen or unforeseen, present or future, known or unknown, that Minor's Representatives may have or assert, EVEN IF CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE, FAULT, BREACH OF CONTRACT, STRICT LIABILITY, OR OTHER ACT, CONDUCT OR STATUS of any of the Released Parties. This indemnification includes all costs of defending such claims, including attorneys' fees, costs, and expenses, whether suit is filed or not.

**Release of Medical Information and Treatment.** I, on behalf of Minor's Representatives, give my express, written consent allowing the Released Parties to share Minor's Personal Information, as well as any information in its possession regarding any health or medical conditions and any applicable health insurance coverages that Minor may have, to or for the use of a medical provider in the event that a Released Party believes it is reasonably necessary for the provision of medical care to Minor. I further authorize emergency medical treatment to be performed by Camp medical staff and/or attending physicians at the local clinic or hospital to my child in my absence, as they deem necessary.

Camper First & Last Name: \_\_\_\_\_

**Media License.** I, on behalf of Minor's Representatives, hereby assign and grant to GO TELL and the other Released Parties AN IRREVOCABLE, PERPETUAL, ROYALTY-FREE LICENSE TO USE MINOR'S NAME, PHOTOGRAPH, IMAGE, VOICE, LIKENESS AND ANY IDENTIFIABLE ATTRIBUTES, IN WHOLE OR IN PART, IN ANY MEDIA (the "Images") for development or charitable solicitation, advertising, trade and any other lawful purposes now and in the future without further notification, inspection or approval and at no cost to the Released Parties and with no compensation to me or to Minor (provided, however, that neither GO TELL nor any other Released Party shall be obligated to use the Images in any way), and I further agree that GO TELL shall be the exclusive owner of any and all rights, including copyrights in the Images.

**Mandatory Arbitration.** Consistent with Matthew 18 in the Holy Bible, any claim or dispute between the parties concerning questions of law or fact or both arising out of or relating to this Release, its interpretation or performance, or its alleged breach, which is not disposed of by agreement of the parties, shall be resolved by binding arbitration in Atlanta, Georgia by and under the rules of Peacemaker Ministries (or its successor) except as such rules are modified here. Those rules are currently published at [www.peacemaker.net](http://www.peacemaker.net). The parties covenant to keep such questions and arbitration proceedings confidential except as necessary to effectuate and/or enforce arbitration. The parties covenant and agree that they will not sue or otherwise bring actions against each other in any courts, that arbitration is their sole and binding remedy, that they waive their rights to sue or to appeal or to other remedies (except to the extent necessary to enforce the final award or finding), and that if this covenant not to sue and waiver are not legally effective, then such arbitration is a prerequisite to any other remedy. The parties covenant and agree to abide by, perform, accept, and fulfill the final award or finding concerning such questions without recourse to any other court or tribunal, except to the extent necessary to enforce said final award or finding.

**Opt-Out of Release of Personal Information.** Unless the box is checked immediately below, I permit GO TELL to release a portion of Minor's personal information (name, address, gender, age, email & d/o/b only) to Christian colleges/universities that are involved with the GO TELL Ministries Internship Program. The institutions include: Liberty University, Campbellsville University, Louisiana College, Scarborough College, Southwestern Seminary and Truett-McConnell University. Further, I authorize the institutions listed herein to contact Minor at the address and/or email address provided by GO TELL for purposes of communicating with Minor and providing information concerning the institution and its offerings.

**I do not wish to allow GO TELL to provide Minor's personal information to these schools. (Check to opt out)**

This Release contains the entire agreement between the parties, and may be amended only in writing signed by the undersigned and the Released Parties' representative(s), or their successors. It is not intended to release the Released Parties from any conditions or activity that, as a matter of law, cannot be avoided, waived or released, and no provision hereof should be so interpreted. It is governed by the internal laws of Georgia (even if applicable conflict of law rules would provide otherwise). Its terms are severable. It shall not be strictly construed against any party. I HAVE READ AND UNDERSTOOD THIS RELEASE, AND I ACCEPT AND AGREE TO ITS TERMS AND SIGN IT VOLUNTARILY.

\_\_\_\_\_  
*Signature of Parent or Guardian (Circle One)*

\_\_\_\_\_  
*Date*